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CONFIRMATION NO. 4461

<b>SERIAL NUMBER</b> 10/27,019	<b>FILING OR 371(c) DATE</b> 12/03/2003 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3767	<b>ATTORNEY DOCKET NO.</b>
<b>APPLICANTS</b> Jøn Davis Mollhagen, Lorraine, KS; <b>** CONTINUING DATA *****</b> <i>ERM</i> <i>7/25/06</i> <b>** FOREIGN APPLICATIONS *****</b> <i>ERM</i> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 03/03/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Elyn Mollhagen</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> KS	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 14
			<b>INDEPENDENT CLAIMS</b> 2	
<b>ADDRESS</b> Bradley P. Sylvester Suite 300 200 North Broadway Wichita, KS67202				
<b>TITLE</b> Precision medication delivery method				
<b>FILING FEE RECEIVED</b> 385	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	